PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	IJIZ
First Inventor	Richard J. Deduer
Title	INSULATED JACKETS
Express Mail Label No.	ET526559285US)

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450
1. Fee Transmittal Form (e.g., PTO/SB/17) Not Available (Submit an original and a duplicate for fee processing) On (Deb) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages]] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets] 5. Oath or Declaration [Total Sheets] 5. Oath or Declaration [Total Sheets] - Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(s) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Reader Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1499 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other: Cyred M. Applicant must attach form PTO/SB/35 or its equivalent. Other: Cyred M. Applicant must attach form PTO/SB/35 or its equivalent.
18. If a CONTINUING APPLICATION, check appropriate box, and sup specification following the title, or in an Application Data Sheet under 3 Continuation Divisional Continuation	oply the requisite information below and in the first sentence of the 7 CFR 1.76: ation-in-part (CIP) of prior application No.: 400.3.20.1453
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the 5b, is considered a part of the disclosure of the accompanying continuation The incorporation can only be relied upon when a portion has been inadver	Art Unit: e prior application, from which an oath or declaration is supplied under Box n or divisional application and is hereby incorporated by reference.
19. CORRESPON	DENCE ADDRESS
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Signature , Ce San Control	Date 6/20/03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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PTO/SB/06 (05-03)

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875)	Application or Docket Number				
CLAIMS AS FILED – PART I (Column 1) (Column 2)					SMAL	L ENTITY	OR	OTHER THAN SMALL ENTITY			
FOR NUMBER FILED NU			NUMBE	IBER EXTRA R/		FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))						s.375	OR		\$		
TOTAL CLAIMS				x \$	- 0		x \$ _ =				
(37 CFR 1.16(c)) minus 20 = * INDEPENDENT CLAIMS (37 CFR 1.16(b)) / minus 20 = *						. 0	OR OR	x \$ =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						10	OR	+s =	_		
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	P375	OR	TOTAL			
CLAIMS AS AMENDED – PART II											
<u> </u>	***************************************	(Column 1)	T0000000000000000000000000000000000000	(Column 2)	(Column 3)	SMAL	L ENTITY	OR		ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM DM	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$	-	OR	x \$=		
/EN	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$	=	OR	x \$=		
8	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+ \$	= /	OR	+\$ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			-			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$	= ,	OR	x \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$	=	OR	x \$=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+\$ =			
						TOTAL ADD'L FE		OR	TOTAL ADD'L FEE		
		(Column 1)	_	(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=	OR	x \$=		
EN	Independent (37 CFR 1,16(b))	*	Minus	***	=	x \$		OR	x \$=		
A	FIRST PRESENT.	ATION OF MULTIPL	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$		OR	+ \$ =		
			_			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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